

All children need GOOD HEALTH, STRONG FAMILIES, AND POSITIVE EARLY LEARNING EXPERIENCES in order to grow and thrive and meet their optimal potential. These three elements form the foundation for a policy agenda to build an early care and education continuum—one that includes a comprehensive range of services and supports that respects and honors the needs and preferences of families for their children.

A policy agenda for babies and toddlers can be particularly effective when policies include family leave policies that support parental choice and involvement, including the option for parents to be home with their babies. Policy goals to support the child care subsidy system are needed to promote access and affordability, and to provide incentives for programs and providers to achieve higher standards of care. (Adapted from the NITCCI Early Care and Education Systems: Key Elements)

Effective policies and adequate resources support and sustain essential programs in order to meet the needs of babies, toddlers, and their families. This document provides an overview of policy goals and strategies that support:

- **GOOD HEALTH**
  - Child Care Licensing Standards
  - Health and Multidisciplinary Consultation
  - Infant Mental Health Policies and Programs
- **STRONG FAMILIES**
  - Parental and Family Leave
  - At-Home Infant Care Programs
  - Parent and Family Involvement
- **POSITIVE EARLY LEARNING**
  - Professional Development
  - Early Learning Guidelines
  - Tiered and Quality Ratings and Reimbursement
  - Early Head Start Program
  - Linking to Pre-K
  - Leadership Development

## Policies That Support Good Health

### Child Care Licensing Standards

Although child care licensing standards alone cannot guarantee safety or quality, they are a critical component for safeguarding the health and development of babies and toddlers in regulated child care settings.

#### DO STATES REQUIRE CHILD CARE PROGRAMS TO EDUCATE CHILDREN?

Report #3: Infant/Toddler Rules to Assure Early Education and Strong Relationships  
 A Discussion Draft by Sarah LeMoine and Gwen Morgan, 2004  
<http://ceep.crc.uiuc.edu/docs/cc-educate/report3.pdf>

For infants and toddlers, more than for any other age group of children in care, the key element to quality is the ratios and group sizes permitted by licensing. **During the past decade all States improved their ratio requirements for infants and toddlers.** As States added infant/toddler rules, they were not restricted to protecting safety and physical health, but addressed emotional development, cognitive development,

communication and language development, and relationships between adults and infants and toddlers.

#### State Example:

In 2003 Michigan formed a subcommittee to address the child care rules relating to birth to 3 years of age. Currently proposed rules out for public review include:

- Establishing the position of “lead caregiver” for each room,
- Identifying qualifications for lead caregiver,
- Addressing the social-emotional well-being of infants/toddlers,
- Establishing primary caregivers,
- Changing caregiver to child ratios, and
- Establishing group size requirements.

#### Contact Information:

Child Development and Care Division  
 Family Independence Agency, Lansing, MI  
 Phone: (517) 373-0356  
 Web Site: [www.michigan.gov/fia](http://www.michigan.gov/fia)

## Health and Multidisciplinary Consultation

Creating a network of health/mental health/behavioral consultants who can support and provide technical assistance to child care sites can enhance the quality of care and overall well-being of young children, especially babies and toddlers.

Child care consultation refers to professional guidance or services delivered on-site at a child care program. The goal of the consultation is to improve child care services (i.e., program level consultation) and/or to address the individual needs of a child and her family (i.e., child-specific consultation). The consultation can target one or more disciplines such as health, special education, mental health, early education, and nutrition. The consultation services can be organized to assist the center, the professional and paraprofessional staff, and/or

the children and families directly. **Research on child care consultation from the fields of health, mental health, and special education shows the promise of this intervention.** Consultation can improve overall program quality as well as specific aspects of programs that contribute to the quality of care provided, such as teacher knowledge and efficacy.

*Creating a Statewide System of Multidisciplinary Consultation for Early Care and Education in Connecticut, 2005*  
Jennifer McGrady Heath  
Child Health and Development Institute of Connecticut, Inc.  
<http://www.chdi.org/files/Consultation-Summary.pdf>

## Infant Mental Health Policies and Programs

In their first years of life, children rapidly develop the social and emotional capacities that prepare them to be self-confident, trusting, empathic, intellectually inquisitive, competent in using language to communicate, and capable of relating well to others. 'Early childhood mental health (or infant mental health) is another term for healthy social and emotional development. It refers to a child's developing capacity to:

- Experience, manage, and express the full range of positive and negative emotions;
- Develop close, satisfying relationships with other children and adults; and
- Actively explore their environment and learn.

### State Example:

The Ohio State Legislature has made "enabling every child to succeed" a priority. The State General Assembly is providing direct revenue, administered by the State's Department of Mental Health, to ensure that mental health clinicians, early childhood professionals, local mental health administrators, and parents

receive information about supporting the healthy social and emotional development of young children ages 0–6. A major focus of the initiative is training mental health professionals to serve as consultants to an array of early childhood programs, including child care, Help Me Grow (Part C Early Intervention program), Early Head Start, Head Start, and preschools. A portion of the funds are used to pay for the training of center- and home-based early childhood staff, cross-systems training for mental health and early childhood professionals and parents, and family education to enhance caregiving skills.

For more information on infant mental health, visit the ZERO TO THREE Web site: <http://www.zerotothree.org/imh/>

### Contact information:

Ohio Department of Mental Health (ODMH)  
Office of Children's Services & Prevention, Columbus, OH  
Phone: (614) 466-1984  
Web Site: <http://www.mh.state.oh.us/>

## Policies That Support Strong Families

### Family and Parental Leave

Parents need time and support to be with their newborn babies to establish the strong bonds and attachment that lead to positive and healthy relationships. The Family and Medical Leave Act has been an important step forward. There are also other tested, effective solutions to this issue. Numerous programs and policies make it possible for new parents to provide and care for their babies.

*Expecting Better: A State-by-State Analysis of Parental Leave Programs, 2005*

Jodi Grant, Taylor Hatcher, Nirali Patel

National Partnership for Women & Families

[www.nationalpartnership.org/portals/p3/library/PaidLeave/ParentalLeaveReportMay05.pdf](http://www.nationalpartnership.org/portals/p3/library/PaidLeave/ParentalLeaveReportMay05.pdf)

### State Example:

**California** law provides working parents up to 6 weeks of paid leave to care for a newborn, newly adopted child, or foster care-placed child. The law also affords leave to care for a seriously ill family member, including a spouse or partner, who is temporarily disabled due to pregnancy or who is recovering from childbirth. An expansion of California State Disability Insurance program, the program provides partial wage replacement and is funded through employee payroll deductions. New parents in California can receive 55 to 60 percent of their income for up to 6 weeks of family leave. More information, can be found at: <http://www.paidfamilyleave.org/>

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## At-Home Infant Care

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At-Home Infant Care Programs (AHIC) provide eligible, lower-income working parents with some wage replacement to provide care for their newborns or newly adopted children. AHIC diminishes public and private costs of child care for families and States by offering an affordable alternative for

those unable to find quality infant care or to those who wish to provide the care themselves. For more information regarding At-Home Infant Care Programs visit the NCCIC Web site at: <http://nccic.org/poptopics/stateathome.html>.

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## Parent and Family Involvement

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Parent education and family support programs vary in the type of information and support for families they provide. Programs may be delivered through home visiting programs, family resource centers, or community early childhood programs. Programs may be universally available or targeted to pregnant women and very young children at high-risk. Services are most effective when they reflect the cultures and languages of the families served.

### State Example:

**South Dakota's** *Bright Start* is a comprehensive early childhood/consumer education initiative supported by the Office

of Child Care Services. The initiative includes a Parent/Infant Welcome Box that is sent to every newborn in South Dakota. The Box contains information on brain development, music, books, a library card, and health and safety materials. In addition Responsive Parenting Training sessions are available to parents of children birth to age three. The *Bright Start* Update is provided monthly to parents of newborn babies on child health related topics, child development topics, and other issues that affect babies including various articles on choosing child care and how to work with their child care provider. More information can be found at: <http://www.sdbrightstart.com>

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## Policies That Support Positive Early Learning Experiences

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### Professional Development System

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Early learning experiences such as Early Head Start and other high quality infant care and learning experiences can enrich a child's healthy social and emotional, physical, cognitive, language and communication development, and school success. A knowledgeable and well-compensated child care workforce is the key element to program quality and positive child outcomes. Creating a professional development system helps the workforce to acquire and use the knowledge and skills necessary to meet the developmental needs of children in child care settings, and

to assist early childhood practitioners in building successful careers that in turn promote the stability and quality of the field.

**Over 90 percent of States and Territories reported using the CCDF infant and toddler earmark to support professional development activities** most often through efforts related to:

- Training (sometimes linked to a credential or certificate)
- Scholarships or Stipends for training
- Hiring or training infant/toddler specialists

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### Early Learning Guidelines

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Early learning guidelines for infants and toddlers are a valuable tool for improving the quality of care and child outcomes. Guidelines identify what infants and toddlers are learning, the mental processes that create the foundations of learning, and the experiences that will help create vigorous, inquisitive, and competent learners. By directing attention to the learning of infants and toddlers, States have an opportunity to emphasize the processes that create active, life-long learners as well as the mastery of specific content. Early Learning Guidelines for

infants and toddlers can promote the variety of skills across developmental domains that contribute to creating confident, curious, and effective learners. These skills will play an essential role in all future learning and in achieving school success.

*Early Learning Guidelines for Infants and Toddlers*, May 2005 Draft  
Sandy Peterson  
National Infant & Toddler Child Care Initiative @ZERO TO THREE  
<http://nccic.org/itcc/publications/index.htm>

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### Quality Rating Systems and Tiered Reimbursement Policies

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Adequate reimbursement rates are critical to the effort to maintain a child care strategy that achieves both work force and child development goals, since providers are less able to afford to serve subsidized children if the reimbursement rates are too low. Some States have established differential rates that pay more to providers that meet higher regulatory standards, achieve national accreditation, or serve children during nontraditional hours. These State incentives are intended to encourage better quality care and harder to find care.

*Building Blocks: A Legislator's Guide to Child Care Policies*, 1997  
Mary Culkun, Scott Groginsky, Steve Christian  
National Conference of State Legislatures  
<http://204.131.235.67/programs/cyl/bbexec.htm>

More information on quality rating systems and tiered reimbursement policies can be found at:  
<http://nccic.org/poptopics/index.html#tiered>

## Early Head Start

Early Head Start (EHS) and programs modeled on EHS benefit children and families. State strategies for using EHS to advance policy goals on infant well-being, parent employment, and improved child care resources show great promise. To study the effectiveness of Early Head Start, researchers have been following the development of approximately 3,000 children and families in 17 programs. "The national evaluation found that 3-year-old Early Head Start children:

- Scored higher on tests of cognitive and language development;
- Engaged their parents more in play, and were less negative towards them;
- Demonstrated greater attention to tasks during play; and
- Were rated as less aggressive by their parents.

Parents also benefited from the program in the following ways:

- Parents were more emotionally supportive;
- They provided more support for their children's language

development and learning, such as reading to them;

- Parents used more strategies for disciplining their children and were less likely to use punitive methods such as spanking;
- They participated in education and job training; and
- Participating fathers were more engaged and attentive during play.

### State Example:

The Kansas Early Head Start (KEHS) expansion project provides early, continuous, and intensive child development and family support services to low-income pregnant women and families with infants and toddlers. Kansas was the first State in the nation to create a State-Federal partnership to fund early childhood development through Early Head Start. Services are being delivered through home visits, center-based child care and family child care homes. For more information, visit: [www.srskansas.org/kidsnet/kehskhs.htm](http://www.srskansas.org/kidsnet/kehskhs.htm)

## Linking with Pre-K

Embracing a birth to school perspective is critical because life-long learning really does begin at birth. *Building Bridges* from infant toddler policies to Pre-K, and reciprocally from Pre-K to babies and toddlers can help eliminate system redundancies, maximize resource utilization and build a durable, coordinated system to meet the needs of children and their families. More information on linking birth to 3 and Pre-K initiatives can be found at: [www.zerotothree.org/policy](http://www.zerotothree.org/policy)

### State Examples:

The Pre-Kindergarten Initiative in Illinois is a program that serves 3-and 4-year-olds (and 5-year-olds not eligible for kindergarten entry) who have more than one risk factor for academic failure. The Illinois Pre-Kindergarten Program is

funded with State general revenue funds and is part of the Early Childhood Education Block Grant. The State legislature borrowed a precedent established by the Federal government with Early Head Start and created a set-aside in the Early Childhood Block Grant for programs serving infants, toddlers and their parents. Currently, this 11 percent set-aside funds programs serving thousands of very young children and their families.

### Contact Information:

Ounce of Prevention Fund  
Chicago, IL  
Telephone: (312) 922-3863  
Web Site: [www.ounceofprevention.org](http://www.ounceofprevention.org)

## Leadership

"Experts who have studied collaborative governance structures have concluded that it requires a certain form of leadership to produce real change. Structures can provide the opportunity for new approaches, but change happens where leaders with vision and a collaborative approach carry it forward. This leadership needs to come from participants on planning and governance bodies. Leadership skills may be the most critical factor in moving an early learning agenda forward, and in

constructing the planning and decision-making tables needed for ongoing evolution and development."

*Building an Early Learning System: The ABCs of Planning and Governance Structures*

Dec. 2004 Bruner, Wright, Gebhard, Hibbard

[http://www.finebynine.org/pdf/SECPTAN\\_Build\\_PROOF.pdf](http://www.finebynine.org/pdf/SECPTAN_Build_PROOF.pdf)

<sup>1</sup> Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children*. New York, NY: Carnegie Corporation of New York.

<sup>2</sup> Administration for Children and Families. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*. Washington, DC: U.S. Department of Health and Human Services.